

EXHIBIT B

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Three Hundred and Eighty-First Omnibus Objection
Exhibit A - Claims to Be Disallowed

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SEP 11 2021

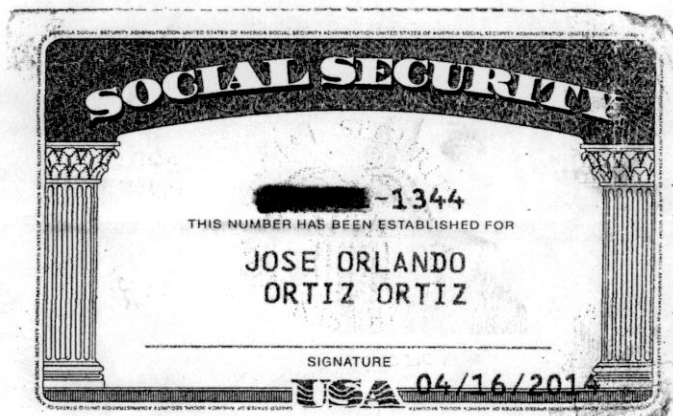
PRIME CLERK LLC

NAME	DATE FILED	CASE NUMBER	DEBTOR	CLAIM #	ASSERTED CLAIM AMOUNT
639 ORTIZ MEDINA, GLADYS HC #4 BOX 6434 YABUCOA, PR 00767	1/31/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173082	Undetermined*
Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
640 ORTIZ MESTRE, ANGEL L. PROYECTO LOS HUCARES APARTAMENTO B-20 RES-50 NAGUABO, PR 00718	3/11/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173487	Undetermined*
Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
641 ORTIZ MOCTEZUMA, MARCELINA HC #3 BOX 79662 LA PIEDRAS, PR 00771	8/7/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	174764	Undetermined*
Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
642 ORTIZ MONTANEZ, CANDIDO HC 4 BOX 4391 HUMACAO, PR 00791-8928	3/25/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173650	Undetermined*
Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
643 ORTIZ MONTANEZ, FRANCES URB LAS LOMAS CALLE 37 S.O # 787 SAN JUAN, PR 00921	9/1/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	175255	\$ 7,200.00
Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Puerto Rico Telephone Company which is not part of the Title III proceedings.					
644 ORTIZ MORALES, RUBEN HC 02 BOX 11629 HUMACAO, PR 00791	3/25/2020	17 BK 03283-LTS	Commonwealth of Puerto Rico	173657	Undetermined*
Reason: Proof of Claim fails to provide a basis for asserting a claim against Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					
645 ORTIZ ORTIZ, JOSE ORLANDO 1732 N 38TH ST MILWAUKEE, WI 53208	7/7/2020	17 BK 03566-LTS	Employees Retirement System of the Government of the Commonwealth of Puerto Rico	174125	Undetermined*
Reason: Proof of Claim fails to provide a basis for asserting a claim against Employees Retirement System of the Government of the Commonwealth of Puerto Rico. Proof of Claim and supporting documentation only show liability between Claimant and Sugar Corporation which is not part of the Title III proceedings.					

* Indicates claim contains unliquidated and/or undetermined amounts



990123401013593





Your payment would be about
\$1,221 a month
at full retirement age

000056781 I-000000 1230 11 SSS



56751 1 AT 0.413



JOSE O. ORTIZ ORTIZ
1732 N 38TH ST
MILWAUKEE WI 53208-1816

December 30, 2015

Your Social Security Statement

Are you thinking about retirement? Are you ready for retirement?

We have tools that can help you!

- Estimate your future retirement benefits at www.socialsecurity.gov/estimator
- Apply for retirement, spouse's, Medicare or disability benefits at www.socialsecurity.gov/applyforbenefits
- And once you receive benefits, manage your benefits at www.socialsecurity.gov/myaccount

Your *Social Security Statement* tells you about **how much you or your family would receive** in disability, survivor or retirement benefits. It also includes our record of your lifetime earnings. Check out your earnings history, and **let us know right away if you find an error.** This is important because we base your benefits on our record of your lifetime earnings.

Social Security benefits are not **intended to be your only source of income when you retire.** On average, Social Security will replace about

To view your *Social Security Statement* online anytime create a **my Social Security** account today!



my Social Security
www.socialsecurity.gov/myaccount

40 percent of your annual preretirement earnings. You will need other savings, investments, pensions or retirement accounts to live comfortably when you retire.

To view your *Statement* online anytime, create a **my Social Security** account at www.socialsecurity.gov/myaccount.

Carolyn W. Colvin

Carolyn W. Colvin
Acting Commissioner

Follow the Social Security Administration at these social media sites.



Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings	Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1977	\$ 394	\$ 394	2000	\$ 13,244	\$ 13,244
1978	868	868	2001	0	0
1979	2,639	2,639	2002	3,914	3,914
1980	4,650	4,650	2003	23,146	23,146
1981	3,400	3,400	2004	24,202	24,202
1982	537	537	2005	27,938	27,938
1983	71	71	2006	25,506	25,506
1984	0	0	2007	27,611	27,611
1985	0	0	2008	28,396	28,396
1986	0	0	2009	28,377	28,377
1987	1,236	1,236	2010	30,578	30,578
1988	1,855	1,855	2011	34,149	34,149
1989	903	903	2012	33,120	33,120
1990	0	0	2013	37,283	37,283
1991	0	0	2014	33,607	33,607
1992	0	0			
1993	0	0			
1994	14	14			
1995	0	0			
1996	1,277	1,277			
1997	8,717	8,717			
1998	8,406	8,406			
1999	7,085	7,085			

* THE BRACKETED YEARS
ARE THE YEARS & EARNINGS
SERVED & EARNED FOR
JOSE ORLANDO ORTIZ

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:

You paid: \$24,114
Your employers paid: \$25,459

Estimated taxes paid for Medicare:

You paid: \$5,933
Your employers paid: \$5,933

Note: Currently, you and your employer each pay a 6.2 percent Social Security tax on up to \$118,500 of your earnings and a 1.45* percent Medicare tax on all your earnings. If you are self-employed, you pay the combined employee and employer amount, which is a 12.4 percent Social Security tax on up to \$118,500 of your net earnings and a 2.9* percent Medicare tax on your entire net earnings.

*If you have earned income of more than \$200,000 (\$250,000 for married couples filing jointly), you must pay 0.9 percent more in Medicare taxes.

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you're entitled.

Review this chart carefully using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from last year may not be shown on your Statement. It could be that we still were

processing last year's earnings reports when your Statement was prepared. Your complete earnings for last year will be shown on next year's Statement. Note: If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

There's a limit on the amount of earnings on which you pay Social Security taxes each year. The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the maximum earnings amount began rising in 1991. Since 1994, all of your earnings are taxed for Medicare.)

Call us right away at 1-800-772-1213 (7 a.m. - 7 p.m. your local time, TTY 1-800-325-0778) if any earnings for years before last year are shown incorrectly. Please have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of page 4.)



Thinking of retiring?

www.socialsecurity.gov

Some things to consider

Retirement can have more than one meaning these days. It can mean that you have applied for Social Security retirement benefits or that you are no longer working. Or it can mean that you have chosen to receive Social Security while still working, either full or part-time. All of these choices are available to you. Your retirement decisions can have very real effects on your ability to maintain a comfortable retirement.

If you retire early, you may not have enough income to enjoy the years ahead of you. Likewise, if you retire late, you'll have a larger income, but fewer years to enjoy it. Everyone needs to try to find the right balance, based on his or her own circumstances.

We hope the following information will help you as you plan for your future retirement and consider your retirement options.

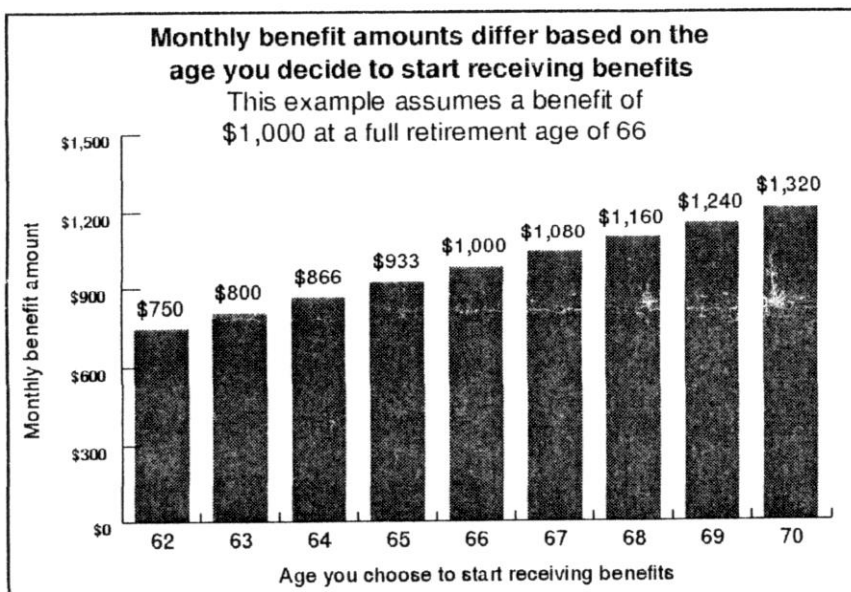
Avoid a Medicare Penalty Sign Up at Age 65

Even if you don't plan to receive monthly benefits, be sure to sign up for Medicare *three months before* turning age 65. If you don't sign up for Medicare Part B (medical insurance) when you're first eligible, your coverage may not start right away and you may have to pay a late enrollment penalty for as long as you have it. You can apply online. Visit www.socialsecurity.gov/medicareonly for information and to apply.

What is the best option for you?

Everyone's situation is different. That is why Social Security has created several retirement planners to help you decide what would be best for you and your family. Social Security has an online calculator that can provide immediate and accurate retirement benefit estimates to help you plan for your retirement.

The online Retirement Estimator is a convenient, secure, and quick financial planning tool. It uses your own earnings record information, thereby eliminating any need to manually key in years of earnings information. The estimator also will let you create "what if" scenarios. You can, for example, change your "stop work" date or expected future earnings to create and compare different retirement options. To use the Retirement Estimator, go to our website at www.socialsecurity.gov/estimator.



There is one more thing you should remember as you crunch the numbers for your retirement. You may need your income to be sufficient for a long time, because people are living longer than ever before, and generally, women tend to live longer than men. For example:

- The typical 65-year-old today will live to age 83;
- One in four 65-year-olds will live to age 90; and
- One in ten 65-year-olds will live to age 95.

Once you decide on the best age for you to actually retire, remember to complete your application *three months before* the month in which you want retirement benefits to begin.

It's so easy to apply online for benefits

The easiest way to apply for Social Security retirement benefits is to go online at www.socialsecurity.gov/applyforbenefits. If you do not have access to the Internet, you can call 1-800-772-1213 (TTY number, 1-800-325-0778) between 7 a.m. and 7 p.m., Monday through Friday, to apply by phone. You also can apply at any Social Security office. To avoid having to wait, call first to make an appointment.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input checked="" type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03566	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

Modified Official Form 410 / Formulario Oficial 410 Modificado
Proof of Claim / Evidencia de reclamación

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

Part 1 / Parte 1

Identify the Claim / Identificar la reclamación

1. Who is the current creditor?

¿Quién es el acreedor actual?

Jose Orlanolo Ortiz Ortiz

Name of the current creditor (the person or entity to be paid for this claim)
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor
Otros nombres que el acreedor usó con el deudor

2. Has this claim been acquired from someone else? ☒ No / No
☐ Yes. From whom? Sí. ¿De quién?

¿Esta reclamación se ha adquirido de otra persona?

3. Where should notices and payments to the creditor be sent? Where should notices to the creditor be sent?
¿A dónde deberían enviarse las notificaciones al acreedor?

Where should payments to the creditor be sent? (if different)
¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
¿A dónde deberían enviarse las notificaciones al acreedor?
Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)

Jose Orlando Ortiz Ortiz
Name / Nombre

1732 N 38th ST
Number / Número Street / Calle

Milwaukee WI 53208
City / Ciudad State / Estado ZIP Code / Código postal

414-544-2596
Contact phone / Teléfono de contacto

Contact email / Correo electrónico de contacto

4. Does this claim amend one already filed? ☐ No / No
☐ Yes. Claim number on court claims registry (if known)
Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo)
Filed on / Presentada el (MM/DD/YYYY) / (DD/MM/AAAA)

¿Esta reclamación es una enmienda de otra presentada anteriormente?

5. Do you know if anyone else has filed a proof of claim for this claim? ☒ No / No
☐ Yes. Who made the earlier filing?
Sí. ¿Quién hizo la reclamación anterior?

¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?

Part 2 Parte 2:

Give Information About the Claim as of the Petition Date

Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.

6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ☐ No / No
☒ Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <https://cases.primeclerk.com/puertorico/>)
Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <https://cases.primeclerk.com/puertorico/>).

¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?

7. Do you supply goods and / or services to the government? ☐ No / No
☐ Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:

¿Proporciona bienes y / o servicios al gobierno?

Vendor / Contract Number | Número de proveedor / contrato: _____

List any amounts due after the Petition Date (listed above) but before June 30, 2017:
Anote la cantidad que se le debe después de la fecha que se presentó el caso (mencionados anteriormente), pero antes del 30 de junio de 2017 \$ _____

8. How much is the claim? ¿Cuál es el importe de la reclamación?	\$ _____ Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos? <input type="checkbox"/> No / No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).
9. What is the basis of the claim? ¿Cuál es el fundamento de la reclamación?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or creditcard. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que reúne los requisitos para ser tratada con privacidad, tal como información sobre atención médica.
10. Is all or part of the claim secured? ¿La reclamación está garantizada de manera total o parcial?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien. Nature of property / Naturaleza del bien: <input type="checkbox"/> Motor vehicle / Vehículos <input checked="" type="checkbox"/> Other. Describe: <u>reclamar la demanda de dine.</u> Otro. Describir: Basis for perfection / Fundamento de la realización de pasos adicionales: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención. Value of property / Valor del bien: \$ _____ Amount of the claim that is secured / Importe de la reclamación que está garantizado: \$ _____ Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.) Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso: \$ _____ Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso) _____ % <input type="checkbox"/> Fixed / Fija <input type="checkbox"/> Variable / Variable
11. Is this claim based on a lease? ¿Esta reclamación está basada en un arrendamiento?	<input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso: \$ _____

JOSE O. ORTIZ
1732 N. 38TH ST
MILWAUKEE, WI
53208

RALEIGH NC 275
Research Triangle Region
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Think
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SEP 15 2021

PRIME CLERK

COMMON WEALTH OF PUERTO RICO
CLAIMS PROCESSING CENTER
C/O PRIME CLERK LLC
GRAND CENTRAL STATION, P.O. BOX 4708
NEW YORK, NY, 10163-4708

10163-470808

